Fulfillment Information Form and P.O. Box Request

Us this form to provide the basic required information about a program. Upon receipt of complete information, a P.O. Box number will be assigned.

Prepared By: _____ Date Ordered: ___/___/___
FIM Marketing and Bar Code should be sent to:

Name: _____ Address: _____

Company Name: _____ City/State/Zip Code: _____

Required Program Information: Provide ALL of the information requested below.

Brand: _____

Program Name/Description: _____

Program Drop Date: ___/___/___ Program Expiration Date: ___/___/___ Total Redemption Rate: _____

Type of Inbound Mail:
- ☐ Consumer Pays Postage
- ☐ BRC
- ☐ BRE - 1 oz. or less
- ☐ BRE - 2 oz. or less (more than 1 oz.)

Consumer Package to be Sent:
- ☐ Third Class
- ☐ UPS

Total Circulation: _____

Distribution: On Page ☐ Tip-In ☐ Other ☐

Method	Circ.	Est. Redemp.	P.O. Box Assigned	Source Code	Magazine Name	Circ.	Est. Redemp.	P.O. Box Assigned	Source Code
Direct Mail	___	___	___	___	___	___	___	___	___
FSIs	___	___	___	___	___	___	___	___	___
On Pack	___	___	___	___	___	___	___	___	___
On Carton	___	___	___	___	___	___	___	___	___
1 - 800	___	___	___	___	___	___	___	___	___
POS	___	___	___	___	___	___	___	___	___
Other	___	___	___	___	___	___	___	___	___

Use the following address for consumer responses:

_____
_____
_____
_____

Use the following address for undeliverable mail:

_____
_____
_____
_____

Prepared By: _____ Date: ___/___/___

Brand Manager: _____ Project Code: _____

A separate Page 2 is Required for EACH Fulfillment Item Offered

#4002 FRONT
PM USA/REV. 5/94

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